

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041140

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CLAYTON

Length of stay in lb

2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. LOUIS CO. HOSP

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

ST. LOUIS

c. CITY
OR TOWN

CHESTERFIELD

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

KEHR'S MILL RD.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

James

Middle

W. Robertson

Last

4. DATE OF DEATH

Month

10

Day

17

Year

62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Widowed ☐

8. DATE OF BIRTH

8/29/1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

GENERAL

11. BIRTHPLACE (City and state or country)

WASHINGTON, IOWA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN D. ROBERTSON

13b. MOTHER'S MAIDEN NAME

AMANDA BOOKWALTER

14. NAME OF HUSBAND OR WIFE

IVA ROBERTSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

NO

17. INFORMANT

AMANDA ROBERTSON

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-14-62

to 10-17-62

and last saw her alive on 10-17-62

Death occurred at 4:50 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. B. Harns M.D.

(Degree or title)

22b. ADDRESS

601 So. Brentwood, Clayton, Mo.

22c. DATE SIGNED

10/17/62

23. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

10-20-62

23c. NAME OF CEMETERY OR CREMATORY

OAKVILLE CEM.

23d. LOCATION (City, town, or county)

BLUFORD, ILLINOIS

(State)

24. FUNERAL DIRECTOR

SCHRADER - BALLWIN, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-17-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No. 4584

P. O. Address

Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.